REC'D MAY 10 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No. 13924

Township Salt River — Primary Registration District No. 5034 — Registered No. 63

City Mexico Mo. R.F.D (No. # 3, ..... St. ..... Ward)

2. FULL NAME William Franklin Glover 16

(a) Residence, No. Mexico, Mo. R.F.D 3 St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mable Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27 1874

7. AGE: YEARS 63 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnstown Ind 1

FATHER

13. NAME: James J. Glover 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Ida Flater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs Mable Glover Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olatha Kansas DATE May 1 1938

19. UNDERTAKER (ADDRESS): H.A. Precht & Son Mexico, Mo

20. FILED 4-28, 1938 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:18 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coroners Case. | |
| Natural causes | |
| (unknown) | |

Other contributory causes of importance: 200 B-

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. M. Marlow 4 ~~XXX~~

23 (Address) Coroner Audrain Co Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINER, WITH UNFADING INKNOTHING IS A PERMANENT RECORD

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